

# RECORD OF NEW RESIDENCE

(COMPLETE ONCE NEW DUTY STATION HAS BEEN ESTABLISHED)

SSN:

NAME:

LAST

FIRST

MI

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTY:

EFFECTIVE DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
*EMPLOYEE SIGNATURE*

\_\_\_\_\_  
*DATE*

*Last Revised 07/2005*